

**Part 1: Children in School**

List names of all children, including foster children, in school. If all children listed are foster, skip to Part 4 to sign the form. (First, Middle Initial, Last Name)	Check box below if a foster child.	Name of School Child Attends	Grade
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

**Part 2: SNAP, TANF or FDPIR Benefits**

Enter **MASTER CASE NUMBER** if household qualifies for SNAP, TANF or FDPIR: (Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4

**Part 3: Total Household Gross Income - You must tell us how much and how often.**

1. Household Names List <b>everyone</b> in household and the income each earns & how often OR check the box at the right if they have no income. A foster child's personal use income must be listed.	2. Gross Income and How Often it was Received								3. Check if NO income
	Earnings from Work before deductions		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security, SSI, VA Benefits, Disability		All Other Income (Self Employment)		
	Income	How often	Income	How often	Income	How often	Income	How often	
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>

**Part 4: Signature and Social Security Number (Adult Must Sign)**

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must list the last four digits of their Social Security Number or mark the "I do not have a Social Security Number" box. (See Use of Information Statement on page 2)  
*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits and I may be prosecuted.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Social Security Number (last 4 digits): XXX – XX – \_\_\_\_ – \_\_\_\_ ☐ I do not have a Social Security Number

**Part 5: Children's Ethnic and Racial Identities (Optional)**

**Mark one Ethnic Identity:** -- and -- **Mark one or more Racial Identities:**  
☐ Hispanic or Latino ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander  
☐ Not Hispanic or Latino ☐ White ☐ American Indian or Alaska Native

**Do Not Fill Out This Part. For School Use Only.**

Annual Income Conversion: Weekly X 52; Every 2 Weeks X 26; Twice a Month X 24; Monthly X 12	
Total Household Size _____	Free <input type="checkbox"/>
Total Income \$ _____ per	Reduced <input type="checkbox"/>
<input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> 2 X Mo. <input type="checkbox"/> Every 2 Wks <input type="checkbox"/> Week	Date Withdrawn from School: _____
Categorically Eligible: SNAP/TANF/FDPIR <input type="checkbox"/>	Denied <input type="checkbox"/> Reason for Denial:
Foster Child <input type="checkbox"/>	Income too high <input type="checkbox"/> Incomplete App. <input type="checkbox"/>
Signature of Determining Official _____	Date Approved: _____
Signature of Confirming Official (Verification only) _____	Date Confirmed: _____

**Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.**

<b>FEDERAL INCOME CHART</b> for School Year 2014-15					
Household size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	21,590	1,800	900	831	416
2	29,101	2,426	1,213	1,120	560
3	36,612	3,051	1,526	1,409	705
4	44,123	3,677	1,839	1,698	849
5	51,634	4,303	2,152	1,986	993
6	59,145	4,929	2,465	2,275	1,138
7	66,656	5,555	2,778	2,564	1,282
8	74,167	6,181	3,091	2,853	1,427
Each additional person:	7,511	626	313	289	145

---

**Use of Information Statement:** This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health and nutrition programs to help them evaluate, fund or determine benefits for their programs, auditors for program reviews and law enforcement officials to help them look into violations of program rules.

---

**Non-Discrimination Statement:** This explains what to do if you believe you have been treated unfairly.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

As stated above, all protected bases do not apply to all programs. The first six protected bases of race, color, national origin, age, disability and sex are the six protected bases for all applicants and recipients of the Child Nutrition Programs.